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CONFIRMATION NO. 4156

<b>SERIAL NUMBER</b> 10/722,061	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 740073.462
<b>APPLICANTS</b> Robert Karlsson, Uppsala, SWEDEN; Helena Nordin, Uppsala, SWEDEN; Susanna Nyberg, Ramlosa, SWEDEN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/430,244 12/02/2002 <i>ace</i>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0203548-3 12/02/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/25/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 00500				
<b>TITLE</b> Method of determining site-specificity and kit therefor				
<b>FILING FEE RECEIVED</b> 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	